

Fig. 1. The rate of suicides in Mie Prefecture and Japan in the period 1995–2005.

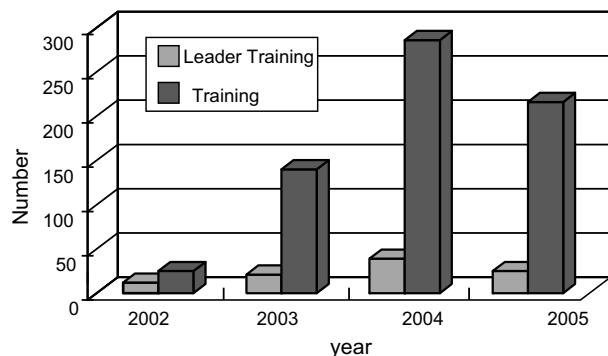


Fig. 2. The number of “leader training” and “training” in listener.

In Mie Prefecture, the measures of suicidal prevention are carried out in such way as the prefecture and area, and “listener system” is the one of those. In late years the rate of suicide in Mie Prefecture is lower than average of whole Japan, suggesting the partial effect of “listener system”. The attempts concerning suicidal prevention are necessary in cooperation with the local government such as

prefecture, area, police, administration, as well as medicine and welfare.

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Ken Inoue MD, PhD *

Hisashi Tanii MD, PhD

Department of Psychiatry,

Mie University Graduate School of Medicine,

2-174, Edobashi, Tsu 514-8507, Japan

*Tel.: +81 59 231 5018; fax: +81 59 231 5208.

E-mail address: ke-inoue@clin.medic.mie-u.ac.jp (Ken Inoue)

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Oronasal bleeding in sudden infant death – Letter to the editor

We read with interest the paper by Saturnus et al. in which they detail support programs for parents who have suffered an unexpected infant death.¹ The paper deals with many difficult issues and is to be commended in outlining amongst other factors the very important role that forensic pathologists may have in assisting with parental grief. We were, however, concerned with the statement that “blood escaping from mouth and nose . . . is quite common” as this has certainly not been our experience. While blood-tinged fluid is undoubtedly often seen, we have found the presence of frank blood prior to resuscitation to be uncommon. It may, in fact, indicate that an asphyxial episode has occurred. In a study of 406 infants from San Diego, USA,

blood was reported in only 28 (7%) of cases compared to other secretions in 31%.² Given its potential significance this disparity in reporting of nasal and oral bleeding in sudden infant death obviously needs clarification.

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Roger W. Byard MBBS, MD
(Marks Chair of Pathology)
Discipline of Pathology, Level 3 Medical School
North Building, The University of Adelaide,
Frome Road, Adelaide 5005, Australia
Tel.: +61 618 8303 5441; fax: +61 618 8303 4408
E-mail address: byard.roger@saugov.sa.gov.au

Henry F. Krous MD
(Director of Pathology)
Rady Children's Hospital, San Diego, La Jolla, CA, USA
University of California,
San Diego School of Medicine, La Jolla, CA, USA

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Stature estimation: Valuable precautions

Dear Editor,

Our letter is in response to a recently published article by Agnihotri et al. on stature estimation from foot length.¹ Identification of dismembered human remains is of paramount importance in medicolegal investigations, and stature estimation is one of the primary tasks before a Forensic scientist. When an individual foot is subjected to medicolegal examination, somatometry of the foot, osteological and radiological examination can help in the determination of primary indicators of identification such as sex, age and stature. We wish to congratulate the authors for their research on relationship between foot length and stature using linear and curvilinear regression models. However, in our opinion, some of the conclusions drawn and methodology used need further explanation and clarification.

The study was conducted on medical students from Mauritius and India. Different formula need to be derived for different population groups,² owing to inherent population differences in various dimensions that are attributed to genetic and environmental factors.^{3,4} Thus, we wish to know if the subjects from India and Mauritius were analysed separately and if so, were there any significant differences between the two population groups. The stature of an individual remains steady between 20 and 32 years.^{5,6} Thus authors' age based categorization of the subjects into those under 20 years; 20–22 years; and over 22 years is interesting and needs to be explained.

Authors used variables such as age, sex and foot length in deriving general multiple linear regression model for stature estimation. When sex was used as a variable, authors coded males as '1' and females as '2'. We feel that use of such 'coded' variables in regression equation analysis is limited and does not provide any additional benefit in identification of human remains, for if gender is not confirmed and remains unknown, the formula can not be used and if gender is known, stature can be estimated directly using formula derived separately for males and females in a population group. Thus, we propose that such quantification of qualitative data should be avoided by the researchers.

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Tanuj Kanchan DFM, MD
(Assistant Professor)

Ritesh G. Menezes MD, PGDMLS, Diplomate NB
(Assistant Professor)

Department of Forensic Medicine and Toxicology,
Kasturba Medical College,
Light House Hill Road,
Mangalore, Karnataka 575001, India
Tel.: +91 824 2444590x5565 (O); +91 9448252394 (R);
fax: +91 824 2428183.

E-mail addresses: tanujkanchan@yahoo.co.in,
tanujkanchan@gmail.com (T. Kanchan)

M.S. Kotian MSc
(Associate Professor)
Department of Community Medicine,
Kasturba Medical College,
Light House Hill Road,
Mangalore, Karnataka 575001, India

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